PTC/SB/01 (08-03)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number | P06663USD-169T

DECLARATION FOR UTILITY OF	Attorney Docket Number	P06663US0-169I							
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	Steven P. Hergott							
PATENT APPLICATION	COMPLETE IF KNOWN								
(37 CFR 1.63)	Application Number								
Declaration Declaration	Filing Date								
Submitted OR Submitted after Initial With Initial Filing (surcharge	Art Unit								
Filing (37 ČFR 1.16 (e)) required)	Examiner Name								
	******								
I hereby declare that:									
Each inventor's residence, mailing address, and citizenship are	e as stated below next to the	eir name.							
I believe the inventor(s) named below to be the original and firs which a patent is sought on the invention entitled:	st inventor(s) of the subject	matter which is claimed and for							
METHOD AND APPARATUS FOR VERTICALLY ST	UFFING CASINGS WI	TH SAUSAGE EMULSION							
(T)									
the specification of which	e Invention)								
is attached hereto									
OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amend	ed on (MM/DD/YYYY)	(if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as									
amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material information which be	terial to patentability as d	efined in 37 CFR 1.56, including for							
and the national or PCT international filing date of the continua		the ning date of the prior application							
I hereby claim foreign priority benefits under 35 U.S.C. 119(	a)-(d) or (f), or 365(b) of	any foreign application(s) for patent,							
inventor's or plant breeder's rights certificate(s), or 365(a) of a country other than the United States of America, listed below a	and have also identified be	low, by checking the box, any foreign							
application for patent, inventor's or plant breeder's rights certifit before that of the application on which priority is claimed.	icate(s), or any PCT intern	ational application having a filing date							
Prior Foreign Application Foreign Filin	ng Date Priori	ty Certified Copy Attached?							
Number(s) Country (MM/DD/Y									
·									
Additional foreign application numbers are listed on a supp	olemental priority data shee	et PTO/SB/02B attached hereto.							

[Page 1 of 2]

This collection of Information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## **DECLARATION** — Utility or Design Pat nt Application

Direct all correspondence to:	Customer Number:		3	34082		OR _		Correspondence addi		idress bei	ow
Name											
Address											
City				State	•				ZIP		
Country		Telephone				Fax					
I hereby declare that all statem and belief are believed to be statements and the like so mad false statements may jeopardiz	true; and fur de are punisha	ther that th ble by fine o	nese stat or impriso	ement onmen	s were t, or bo	made	with er 18	the kno	owledge tha	t willful fa	alse
NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition	has be	en filed	for thi	s unsigi	ned inventor		
Given Name (first and middle [if any])	ven P.	•			F	amily N r Surna	lame	Herg			
Inventor's Signature	Hu	yott	_			•			Date 7 out	200	;
Residence: City	State			Cour US	ntry			Citize	nship		
Ankeny	lowa	wa						us			
Mailing Address 1917 NE Trilein Dr											
City	State		•		ZIP				Country		
Ankeny	lowa				50021				US		
NAME OF SECOND INVENTO	R:				A pe	etition h	as bee	en filed t	for this unsig	ned inven	itor
Given Name (first and middle [if any]) Dav	id S.					mily Na Surnar		Hamb1	in		
Inventor's Signature	A 2 Cin	-Hi			-		,		Date Oct 7	2003	
Residence: City	State			Cour	ıtry			Citize	nship		
Norwalk	lowa			US				: UK			
Mailing Address 5213 Clearwater Dr											
City	State				ZIP .			Count	try		
Norwalk	lowa				50211			us	•		
Additional inventors or a legal re	presentative are be	ing named on t	he1s	upplem	ental shee	et(s) PTO	/SB/02A	or 02LR	attached hereto	•	

PTO/SB/02A (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if ar	ıy:	_		A petition has been fi	iled for t	his unsigned inventor		
Michael J. Given Name				Hardy Imily Name Surname				
Inventor's Signature MU SUS	_	\		,		Date SEPT 9, 2003		
West Des Moines Residence: City	IO\ Sta	wa <sub>Ite</sub>		S ountry		US Citizenship		
2100 Grand Avenue, Apt. #15 Malling Address								
Mailing Address								
city West Des Moines	lov Sta	va ite	50 Z	0265 (IP	US Count	ry		
Name of Additional Joint Inventor, if an	ıy:			A petition has been file	ed for th	is unsigned inventor		
Given Name				amily Name r Surname	<u></u>			
Inventor's Signature						Date		
Residence: City	Sta	ate	С	ountry		Citizenship		
Malling Address								
Mailing Address		<u>-</u>			,			
City	Sta	ate	;	ZIP	Count	ry		
Name of Additional Joint Inventor, if a	ny:			A petition has been file	d for this	s unsigned inventor		
Given Name				ily Name urname				
Inventor's Signature						Date		
Residence: City	Sta	te		Country		Citizenship		
Mailing Address								
Malling Address					···   -			
City	Stat	te		ZIP	C	ountry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) Inside this box  Under the Paperwork Reduction Act of 1995, no persons a	re required to re	U.S. Patent a spond to a collection	nd Trademar	d for use through k Office; U.S. DE on unless it disple	10/31/2002. OM	COMMERCE
		Application Nu	mber			
		Filing Date				
		First Named in	ventor	Steven	P. Hergo	tt
POWER OF ATTORNEY	OR	Title METH	OD AND			RTICALLY
AUTHORIZATION OF AG	ENT	Group Art Unit				TUFFING.
			Examiner Name			
		Attorney Dock	et Number	P06663U	S0-169I	
I hereby appoint:  Practitioners at Customer Num  OR	ber		]	<b>→</b>	<b>34082</b>	
Practitioner(s) named below:				PATEN	T TRADEMARK OF	FICE
Name			Re	egistration N	umber	
as my/our attorney(s) or agent(s) to pr business in the United States Patent a					transact all	
Please change the correspondence ad	dress for th	e above-identi	fied appli	cation to:		
The above-mentioned Customer			• •			
OR Practitioners at Customer Numbe OR	r				ustomer Bar Code ere	
Firm or						<del></del>
Individual Name					<del> </del>	
Address		<del></del>				
Address						
City	<del></del>	L.S	State		Zip	
Country Telephone			· I		<del></del>	
I am the:		<u></u>	ax			
Applicant/Inventor.						
Assignee of record of the entire Statement under 37 CFR 3.73						
SIGNATU	RE of Applic	ant or Assigne	e of Reco	rd		
Name Steven P. Hero					7.	- A (100)

Signature Date

Please type a plus sign (+) inside this box  Inder the Paperwork Reduction Act of 1995, no persons are required to re	U.S. Patent a espond to a collection	Approved nd Trademari of informatio	for use through c Office; U.S. DE n unless it displa	10/31/2002.	O/SB/81 (02-01) OMB 0651-0035 OF COMMERCE 3 control number.
	Application Nu	mber			
	Filing Date				
	First Named In	ventor	Steven	P. Her	gott
POWER OF ATTORNEY OR	Title METH	OD AND	APPARATI	IS FOR '	VERTICAL LY
AUTHORIZATION OF AGENT	Group Art Unit		STUFFING.		
	Examiner Nam	θ			
	Attorney Dock	et Number	P06663US0-169I		
OR Practitioners at Customer Number OR Name			PATEN	34082	
Name		Re	gistration N	umber	
					<del></del>
as my/our attorney(s) or agent(s) to prosecute the				transact	all
business in the United States Patent and Tradem					· · · · · · · · · · · · · · · · · · ·
Please change the correspondence address for the The above-mentioned Customer Number.	he above-identi	fied applic	cation to:		
OR			Place C	ustomer	1
Practitioners at Customer Number		<del>)</del>	Number	Bar Code	
OR			Label h	ere	J
Firm or	-				
Individual Name					
Address			· · · · · · · · · · · · · · · · · · ·		
Address		N-4-		7:-	
		State		Zip	
Country			•		
Country		Eav I			
	F	ax	<del></del>	<del></del>	***************************************

David S. Hamblin Name Signature Date 2003 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, se below.

SIGNATURE of Applicant or Assignee of Record

Total of Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

forms are submitted.

	Application Nu				F COMMERCE control number			
		mber						
	Filing Date							
	First Named In	First Named Inventor Steven P. Hergo						
POWER OF ATTORNEY OR	Title METH	Title METHOD AND APPARATUS FOR VERTICAL						
AUTHORIZATION OF AGENT	Group Art Unit		STUFFING					
	Examiner Nam	9	<del></del>	·				
	Attorney Docke	et Number	P06663U	SO-169I				
I hereby appoint:   Y Practitioners at Customer Number  OR		]—	<b>→</b>	34082				
Practitioner(s) named below:			PATENT	TRADEMARK	OFFICE			
Name		Red	istration Nu	ımber				
as my/our attorney(s) or agent(s) to prosecute the business in the United States Patent and Trader	mark Office conn	ected the	ewith.	transact a	11			
Please change the correspondence address for the above-mentioned Customer Number.  OR  Practitioners at Customer Number  OR	the above-identif	fied applica	Place Cu	Bar Code				
Firm or Individual Name								
Address								
Address								
City	s	itate		Zip				
Country								
Telephone								

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

2 \*Total of 3 forms are submitted.

SIGNATURE of Applicant or Assignee of Record

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

 $2\infty$ 

Name Signature

Date